

✓ The Check-Up



Iowa Department of Public Health

The Check-Up is a health care transformation newsletter designed to keep interested Iowans up-to-date on the progress of health reform initiatives. The Check-Up features updates on activities of the Iowa Department of Public Health's (IDPH) Office of Health Care Transformation (OHCT) and partners. The OHCT is a key point of contact for health care transformation initiatives within IDPH including State Innovation Model, Health Insurance Marketplace, care coordination, social determinants of health and Patient-Centered Medical Homes. The OHCT monitors federal health care issues and disseminates the key information, opportunities and impacts to the public and IDPH's internal and external partners.

December 2017

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Final Report: Palliative Care Awareness in Iowa

This past legislative session, the Iowa Department of Public Health's [Patient-Centered Health Advisory Council](#) was charged by [House File 393](#) to review the public's awareness of palliative care, provide recommendations to increase awareness and address barriers. A report to the governor and the General Assembly must be completed by December 31, 2017.

Since House File 393 was signed, the Patient-Centered Health Advisory Council brought together palliative care stakeholders from across Iowa to learn more about the field, and to discuss the benefits and barriers to receiving palliative care. A palliative care physician from Broadlawns Medical Center, Dr. Yogesh Shah, joined the council and offers valuable experience and expertise. The council conducted an online statewide survey to gauge the public's awareness of palliative care. The survey received almost 600 responses. The results of the survey and recommendations developed by the council are located in the final report. The report was submitted to the Legislature one month before the due date.

The final report can be accessed here: [Palliative Care Awareness in Iowa](#)

What is Palliative Care?

Palliative care, also known as comfort care, supportive care and symptom management, is specialized medical care for people living with a serious illness. It focuses on managing the symptoms caused by the treatment of the serious illness, such as pain, nausea and fatigue. Palliative care also provides an extra layer of support for practical needs, particularly for care provided at the patient's home. The goal is to improve the quality of life for both the patient and the family.

Palliative care is provided by a team of experts (palliative care physicians, nurses, social workers and others) who work together with the primary specialist treating the patient for their specific illness to provide an extra layer of support. It is appropriate at any age and at any stage of a serious illness, and can be provided at the same time as medical treatment.

Patient-Centered Health Advisory Council

The Patient-Centered Health Advisory Council last met on Friday, November 3, at the West Des Moines Learning Resource Center from 9:30 a.m. to 3:00 p.m. This was a working meeting where members reviewed and finalized the [Palliative Care Awareness in Iowa](#) report. Please see the [agenda](#) and [meeting minutes](#) for additional information.

2018 Meeting Schedule

- Friday, February 16, 2018, from 9:30 – 3:00 at Broadlawns Medical Center
- Friday, May 11, 2018, from 9:30 – 3:00 location TBD
- Friday, August 17, 2018, from 9:30 – 3:00 location TBD
- Friday, November 2, 2018, from 9:30 – 3:00 location TBD

Issue Briefs

The Council has developed issue briefs as educational tools for the public and stakeholders on emerging health care transformation topics.

- [Social Determinants of Health Issue Brief](#)
- [Population-Based Health Care Issue Brief](#)

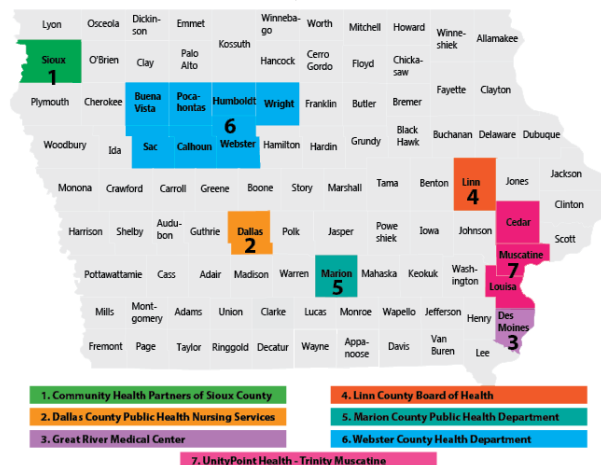
Iowa State Innovation Model (SIM)

Iowa is one of 11 states holding a SIM Testing grant. The grant will be used to align and transform Iowa's delivery system to one focused on population health. The updated [SIM Vision Diagram](#) will guide Iowa's SIM work from May 1, 2017, through April 30, 2019. The Iowa SIM Vision of "Iowans experience better health and have access to accountable and affordable health care in every community" will be implemented through two primary drivers: delivery system reform and payment reform. Three cross cutting drivers further support the SIM implementation. IDPH, through the Iowa Department of Human Services, will provide oversight to one of these cross cutting drivers, the [Roadmap to Improve Population Health](#) (Roadmap).

SIM Community and Clinical Care Initiative

In August of 2017, Trinity Muscatine was awarded the seventh [Community and Clinical Care \(C3\) Initiative](#). C3s are multi-sector groups of stakeholders that include clinical-based health care providers, other community based providers, and public health organizations implementing innovative strategies and referral processes to meet the clinical and social needs of a defined population. All C3s are required to develop specific activities to address predetermined tactics from Iowa's Statewide Strategy Plans. The C3s are also required to utilize elements from the Accountable Communities of Health to determine the structure and function of the C3, including the use of an Integrator Organization, Steering Committee, multi-sector partnerships, sustainability planning, community engagement and population-based prevention activities. For more information on the required tactics, Accountable Communities of Health in the C3s and an overview of the activities for each C3, check out the [FY2018 C3 Program Highlights](#).

State Innovation Model Community & Clinical Care (C3) Initiative Grantees
SIM Award Year 3: May 1, 2017 - April 30, 2018



Iowa Medicaid Managed Care Monthly & Quarterly Reports

Quarterly Reports

Performance monitoring and data analysis are critical components in assessing how well the managed care organizations (MCO) are maintaining and improving the quality of care delivered to members. The quarterly reports, with a number of elements required through oversight legislation, are comprehensive and focus on compliance areas, as well as health outcomes over time. The department examines the data from a compliance perspective and conducts further analysis if any issues are identified. While there are specific performance standards in the contract for a limited set of items, not all data reported is directly linked to a contractual requirement. Items which do have contractual requirements are indicated in the reports.

- [Medicaid Managed Care, Quarter 4 \(April-June 2017\)](#) published October 18, 2017

Monthly Reports

Demographic Reports

Demographic reports are published each month identifying the Medicaid population by program, MCO and by county. Below are the most recent demographic reports:

- [September 2017](#)
- [October 2017](#)

Managed Care Ombudsman Program Reports & Materials

The [Managed Care Ombudsman Program](#) advocates for the rights and needs of the approximately 57,000 Medicaid managed care members in Iowa who live or receive care in a health care facility, assisted living program or elder group home, as well as members enrolled in one of Medicaid's [seven](#) home and community-based services waiver programs. (AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability and Physical Disability).

The Managed Care Ombudsman Program develops monthly and quarterly reports which can be accessed below:

- [October 2017 Managed Care Ombudsman Program Report](#)
- [Managed Care Ombudsman Program Quarterly Report- 2017 Quarter 2 \(July, August, September\)](#)

New Guide on How to Navigate Managed Care in Iowa

The Managed Care Ombudsman Program developed a new guide: [How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care in Iowa](#). This guide is intended to assist members and their loved ones with navigating the managed care system in Iowa. This guide was developed in collaboration with Disability Rights, Iowa and the Iowa Developmental Disabilities Council, and is aimed at addressing various issues and questions expressed by members and their loved ones, empowering them to better advocate for themselves if issues arise.

IA Health Link Program

Temporary Suspension of MCO Choice

AmeriHealth Caritas Iowa, Inc. is withdrawing from the IA Health Link managed care program effective November 30, 2017. AmeriHealth Caritas members have been assigned to UnitedHealthcare. The department has put in place a temporary suspension of Managed Care Organization (MCO) choice.

Previously the Department **notified** members they would be able to choose Amerigroup Iowa. Due to concerns with capacity, Amerigroup Iowa is not accepting any additional members at this time. This also includes all new IA Health Link members. In the future, members will be able to choose from multiple MCOs. Members will be notified when that choice is available. AmeriHealth Caritas' members will transition to UnitedHealthcare effective December 1, 2017. Learn more by reading the [sample member letter](#), the [Press Release](#) and the FAQs below.

- [FAQ for Members](#)
- [FAQ for Providers](#)

Updated information will be posted as it is available at <https://dhs.iowa.gov/iahealthlink>. Please check back regularly.

Iowa Medical Assistance Advisory Council (MAAC)

The purpose of the Medical Assistance Advisory Council is to "advise the Director of the Department of Human Services about health and medical care services under the medical assistance program." MAAC is mandated by federal law and further established in Iowa Code. MAAC membership includes 43 entities designated in Iowa Administrative Code representing professional and business entities. It also includes 10 public representatives. A MAAC Executive Committee, whose members are appointed by the full council, provides guidance to the group and makes recommendations. All MAAC meetings are open to the public. The MAAC Executive Committee will be meeting on Tuesday, December 19, 2017 from 3:00 – 4:30. For more information, visit https://dhs.iowa.gov/ime/about/advisory_groups/maac.

Council on Human Services

The Iowa Department of Human Services (DHS) also coordinates a Council on Human Services, which acts in a policymaking and decision-making capacity on matters within the jurisdiction of DHS. For a full description of the Iowa Council on Human Services click here: [duties and legal authority](#). All Iowa Council on Human Services meetings are open to the public. The Council on Human Services will be meeting on Wednesday, December 13, 2017. For more information and meeting dates, visit <http://dhs.iowa.gov/about/dhs-council>.

Health Policy Oversight Committee of the Legislative Council

The [Health Policy Oversight Committee](#) is charged to provide continuing oversight for Medicaid managed care, ensure effective and efficient administration of the program, address stakeholder concerns, monitor program costs and expenditures, and make recommendations to the General Assembly.

The Health Policy Oversight Committee is scheduled to meet Monday, December 18, 2017, in Room 116, State Capitol at 10:00 a.m. The agenda will be posted [here](#).

Iowa Health Insurance Marketplace

The Iowa Insurance Division has made the decision to pull the [Stop Gap Plan proposal](#). Therefore, the Health Insurance Marketplace in Iowa will be through [healthcare.gov](#) as it has been in the past. This year, the only plans that will be available on Iowa's Health Insurance Marketplace will be through Medica.

Retroactive Medicaid Coverage

The state fiscal year 2018/19 Human Services appropriations bill (House File 653), included a number of legislatively mandated cost-containment initiatives. One such initiative was to eliminate retroactive benefits for all Iowa Medicaid eligibility groups currently eligible to receive up to three months of retroactive coverage.

Medicaid applications that are received by DHS on or before September 30, 2017, will still be eligible for retroactive Medicaid benefits, if all other eligibility factors are met. The effective date of coverage for Medicaid remains unchanged and begins on the first of the month in which the application is received. The elimination of retroactive coverage does NOT impact presumptive eligibility, annual renewals/reviews, or the 90-day reconsideration period.

This was announced in [Informational Letter 1808-MC-FFS-D1](#).

Rural Community Hospital Demonstration

The Centers for Medicare and Medicaid Services recently added more hospitals to a program that industry executives say has been key to ensuring access to care in underserved communities. All in all, 13 additional hospitals will participate in the [Rural Community Hospital Demonstration Program](#), which reimburses hospitals for the actual cost of care for inpatient services provided to Medicare beneficiaries rather than standard Medicare rates. Medicare typically pays as little as 80 percent of inpatient services costs. The program started in 2014 and was extended last year under the 21st Century Cures Act for an additional five years.

Trinity Regional Medical Center in Fort Dodge, Iowa is one of the 13 newly selected hospitals to participate in the program.

Social Determinants of Health Publication

The Commonwealth Fund has recently released a new publication: "[Addressing the Social Determinants of Health Through Medicaid Managed Care](#)." With its emphasis on coordinated care and prevention, managed care should be tailor-made to tackle social determinants of health. But various challenges discourage Medicaid health plans and providers from assisting beneficiaries with nonmedical concerns such as housing insecurity or parenting skills that are integral to improving health outcomes and lowering costs. To better address these social factors, the Centers for Medicare and Medicaid Services updated its Medicaid managed care rule in early 2016. This publication explores the impact of several provisions of the new regulation that influence states' ability to address social determinants of health through managed care.